

RECEIPT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christopher Henry Rohrs

Application No.: 09/605,271

Group Art Unit: 2175

Filed: June 28, 2000

Examiner: Abel Jalil, Neveen

Confirmation No.: 5332

For: ADAPTIVE TYPE-PARTITIONED GARBAGE COLLECTION

CERTIFICATE OF MAILING

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REQUEST FOR CHANGE OF DOCKET NUMBER

AND CORRECTED FILING RECEIPT

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Sir:

Applicant's attorney requests that the docket number of record for the above-referenced case be changed to 200308340-1. This request is made to better identify this application within our offices.

Please provide a corrected Filing Receipt indicating the new attorney docket number.

Please charge Deposit Account No. 08-0380 for any fees that may be due in this matter. One additional copy of this document is enclosed for accounting purposes.

09/605,271

-2-

Respectfully submitted,

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Date: 6/30/03



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 5332

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/605,271	06/28/2000 RULE	707	2175	200308340-1
<b>APPLICANTS</b> Christopher Henry Rohrs, South Deerfield, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/195,392 04/07/2000 <u>verified N/A</u>				
<b>** FOREIGN APPLICATIONS *****</b> <u>NONE N/A</u>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/17/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		MA	17	26
Verified and Acknowledged <u>MS-2512</u> Examiner's Signature		<u>N/A</u> Initials		5
<b>ADDRESS</b> IP ADMINISTRATION , LEGAL DEPARTMENT M/S 35 HEWLETT PACKARD COMPANY P.O. BOX 272400 FORT COLLINS ,CO 80527-2400				
<b>TITLE</b> Adaptive type-partitioned garbage collection				
<b>FILING FEE RECEIVED</b> 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees ( Filing )	
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